REPORT #6

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.		
DATAMASTER SN NAME OF AGENCY	DATE OF INSPECTION	
LOSOI 9 DI TOURS COUNT	Rd st. log 500 Color of listed limits. (Write in observed values	
South County Precised 3011 Telecron	Rd st 100 0 2:29	
CHECKLIST: Place a mark in the box by each item if found to be satis	factory or if operating within established limits. (Write in observed values	
where determined.) Unmarked items must be corrected before using	instrument.	
DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) 6 9-13 @ 02:29	
COMPUTER	DETECTOR	
□ PROGRAM	☐ FILTERS	
☑ HEATERS SAMPLE CHAMBER 49 °C	☑ QUARTZ STANDARD	
☐ FLOW DETECTOR	☑ CALIBRATION	
☑ PUMP HIGH SPEED	☐ PRINTER	
☑ INDICATOR LIGHTS		
1	LOT # 13010 EXP. DATE 1-9-15	
SIMULATOR TEMP (34°C ± 0.2°C) 34.0 °C SIMULATOR SN 50 3135 EXP. DATE 01-01-2014		
CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE US	SED PER MAINTENANCE REPORT)	
Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)		
0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.080% STANDARD - MUST READ BETWEEN 0.076% AND		
0.040% STANDARD - MUST READ BETWEEN 0.038% AND	0.042% INCLUSIVE	
TEST 1 TEST 2 O	TEST 3 * , C	
PERFORM R.F.I. TEST (PRINTOUT ATTACHED)		
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)		
REFUSALS \ (004) Ø (.0509) Ø	(.1014) (.1519) OVER .19 2	
LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO (USE OTHER SIDE IF NECESSARY).	O RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS	
(OSE WHER SIDE IF NECESSARIT).		
INSPECTING OFFICER		
SIGNATURE ()	PRINT FULL NAME	
, 1.0 Math 13-2 409		
TYPE II PERMIT NUMBER/EXPIRATION DATE 23006 4-23-15	TELEPHONE NUMBER 314 892 1510	
	O Department of Health and Senior Services, Southeast District Office	
2875 James Blvd. Poplar Bluff, MO 63901		



CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13010 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on January 14, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1218% (w/vol) ethyl alcohol. The expiration date for this lot number is January 9, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

DAV Datamastci

Evidence Ticket

STATE OF MISSOURI ST LOUIS COUNTY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 203019 06/09/13

TESTING OFFICER:
BOVA/MATTHEW/R
OFFICER I.D.: 4091
PERMIT NUMBER: 230061
EXPIRATION DATE: 04/23/15
MISCELLANEOUS DATA:

--- SUPERVISOR MODE ---

BLANK TEST	. 999	02:32
INTERNAL STAMDARD	VERIFIED	02:32
EXTERNAL STANDARD	.10i	02:32
BLANK TEST	.000	02:33
EXTERNAL STANDARD	. 101	02:33
BLANK TEST	.000	Ø2:34
EXTERNAL STANDARD	.101	02:34
BLANK TEST	.000	02:35

M = 3 --- SIM. = .1 AVG. = .101 PAC Paramaster

Evidence Ticket

STATE OF MISSOURI ST LOUIS COUNTY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 203019 06/09/13 02:29

--- DIAGNOSTIC CHECK ---

COMPUTER:

QKAY

PROGRAM (04-07-2009):

OKAY

HEATERS

SAMPLE CHAMBER:

49∈

FLOW DETECTOR:

OKRY

PUMP

HIGH SPEED:

OKAY

DETECTOR:

OKAY

FILTERS:

OKAY

QUARTZ STANDARD:

OKAY

CALIBRATION:

OKAY

PRINTER TEST

!"#\$%%/()*+,~./0123456789:;<=>?@ABCDEFG HIJKLMMOPQRSTUVWXYZ[\]^__'abcdefghijklmno pqrstuvwxyz{|}>=

OPERATOR SIGNATURE

P.O. Meth Ba 400

.

OPERATOR SIGNATURE

P.O. MO

Ba loc

Card Stock No.

REORDER ALL SUPPLIES FROM N.P.A.S. P.O. BOX 1435, MANSFIELD, OH 44901 Card Stock No. 60021

> REORDER ALL SUPPLIES FROM N.P.A.S. P.O. BOX 1435, MANSFIELD, OH 44901

DAC Datawaster

Evidence Ticket

STATE OF MISSOURI ST LOUIS COUNTY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 203019 06/09/13

--- BREATH ANALYSIS ---

BLANK TEST
INTERNAL STAMDARD
RADIO INTERFERENCE

MISCELLANEOUS DATA:

. 000

02:38

VERIFIED 02:38

DAC Datawaster

Evidence Ticket

STATE OF MISSOURI ST LOUIS COUNTY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 203019 06/09/13

--- BREATH ANALYSIS ---

BLANK TEST .000 02:40
INTERNAL STANDARD VERIFIED 02:40
SUBJECT SAMPLE .000 02:41
BLANK TEST .000 02:41

PERATOR SIGNATURE

ard Stock No. 0021

> REORDER ALL SUPPLIES FROM N.P.A.S. P.O. BOX 1435, MANSFIELD, OH 44901

OPERATOR SIGNATURE

P.O. Math Bay 409

Card Stock No. 60021

> REORDER ALL SUPPLIES FROM N.P.A.S. P.O. BOX 1435, MANSFIELD, OH 44901